## Case 17-19450 Doc 1 Filed 06/28/17 Entered 06/28/17 12:50:58 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:              | Identify Yourself   |  |   |
|----|--------------------|---|--|---|
|    |                    |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You                | r full name   |  |   |
|    | Writ               | e the name that is on   | Cesar                                    |   |
|    | pictu              | r government-issued<br>ure identification (for<br>mple, your driver's   | First name                               | First name                                    |
|    |                    | nse or passport).   | Middle name                              | Middle name                                   |
|    | Brin               | g your picture  | Ugarte                                   |   |
|    | iden               | tification to your eting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|    |                    |   |  |   |
| 2. |                    | other names you have d in the last 8 years  |  |   |
|    |                    | ude your married or<br>den names.   |  |   |
| 3. | you<br>nun<br>Indi | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number<br>N) | xxx-xx-0459                              |   |

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Case number (if known)

Debtor 1 Cesar Ugarte

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|---|--|
| usiness names and byer Identification ers (EIN) you have in the last 8 years e trade names and business as names | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |
|  | EINs  | EINs   |
| e you live   | 2540 N. Avers Apt#1   | If Debtor 2 lives at a different address:  |
|  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|  | Cook<br>County  | County   |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |
|  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| ou are choosing<br>istrict to file for<br>uptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|  | ery (EIN) you have in the last 8 years the trade names and business as names as you live  | usiness names and oper Identification ers (EIN) you have in the last 8 years  et trade names and business as names  Business name(s)  EINs  Business name(s)  EINs  Business name(s)  EINs  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Check one:  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. |

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Document Case number (if known) Debtor 1 Cesar Ugarte

| Par | t 2: Tell the Court About  | Your Ba | nkruptcy Ca                   | ise  |                                     |   |
|-----|--|---------|-------------------------------|--|-------------------------------------|---|
| 7.  | The chapter of the Bankruptcy Code you are   |         |                               | orief description of each, see <i>No</i> go to the top of page 1 and che |                                     | by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy riate box.  |
|     | choosing to file under   | ■ Cha   | apter 7                       |  |                                     |   |
|     |  | ☐ Cha   | apter 11                      |  |                                     |   |
|     |  | ☐ Cha   | apter 12                      |  |                                     |   |
|     |  | ☐ Cha   | apter 13                      |  |                                     |   |
|     |  |         |                               |  |                                     |   |
| 8.  | How you will pay the fee   | á       | about how yo                  | ou may pay. Typically, if you are attorney is submitting your pay        | paying the fe                       | heck with the clerk's office in your local court for more details e yourself, you may pay with cash, cashier's check, or money behalf, your attorney may pay with a credit card or check with   |
|     |  |         |                               | y the fee in installments. If you be in Installments (Official Form      |                                     | option, sign and attach the Application for Individuals to Pay  |
|     |  | k<br>a  | out is not requapplies to you | uired to, waive your fee, and ma<br>ur family size and you are unab      | ay do so only i<br>le to pay the fe | otion only if you are filing for Chapter 7. By law, a judge may, f your income is less than 150% of the official poverty line that see in installments). If you choose this option, you must fill out Official Form 103B) and file it with your petition. |
| 9.  | Have you filed for bankruptcy within the   | ■ No.   |                               |  |                                     |   |
|     | last 8 years?  | ☐ Yes   |                               |  |                                     |   |
|     |  |         | District                      |  | When                                | Case number   |
|     |  |         | District                      |  | When<br>When                        | Case number Case number   |
|     |  |         | District                      |  | vviieii                             | Case Hullibel   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ■ No    |                               |  |                                     |   |
|     | affiliate?   |         |                               |  |                                     |   |
|     |  |         | Debtor                        | -  | When                                | Relationship to you   |
|     |  |         | District<br>Debtor            |  | when                                | Case number, if known Relationship to you   |
|     |  |         | District                      |  | When                                | Case number, if known   |
|     |  |         | 2.001                         |  |                                     |   |
| 11. | Do you rent your residence?  | ■ No.   | Go to li                      | ine 12.  |                                     |   |
|     | residence:   | ☐ Yes   | . Has yo                      | our landlord obtained an eviction  | i judgment ag                       | ainst you and do you want to stay in your residence?  |
|     |  |         |                               | No. Go to line 12.   |                                     |   |
|     |  |         |                               | Yes. Fill out <i>Initial Statement A</i> bankruptcy petition.            | Nbout an Evict                      | ion Judgment Against You (Form 101A) and file it with this  |

Document Page 4 of 48 Case number (if known) **Cesar Ugarte** Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

Page 5 of 48 Document Case number (if known) Debtor 1 **Cesar Ugarte** 

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### 

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Der | Cesar Ugarte   |   |  |  | TIDET (if known)  |  |  |  |  |
|-----|--|---|--|--|---|--|--|--|--|
| Par | t 6: Answer These Quest  | ions for R  | eporting Purposes  |  |   |  |  |  |  |
| 16. | What kind of debts do you have?                                | 16a.  | individual primarily for a pe  | consumer debts? Consumer debts are dersonal, family, or household purpose."            | defined in 11 U.S.C. § 101(8) as "incurred by an                      |  |  |  |  |
|     |  |   | ☐ No. Go to line 16b.  |  |   |  |  |  |  |
|     |  |   | Yes. Go to line 17.  |  |   |  |  |  |  |
|     |  | 16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |  |   |  |  |  |  |
|     |  |   | ☐ No. Go to line 16c.  |  |   |  |  |  |  |
|     |  |   | ☐ Yes. Go to line 17.  |  |   |  |  |  |  |
|     |  | 16c.  | State the type of debts you  | u owe that are not consumer debts or busi  | ness debts  |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?                             | □ No.   | I am not filing under Chapt  |  |   |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.  |  | 7. Do you estimate that after any exempt p available to distribute to unsecured credit | property is excluded and administrative expenses ors?                 |  |  |  |  |
|     | administrative expenses  |   | ■ No   |  |   |  |  |  |  |
|     | are paid that funds will<br>be available for                   |   | □Yes   |  |   |  |  |  |  |
|     | distribution to unsecured creditors?                           |   |  |  |   |  |  |  |  |
| 18. | How many Creditors do  | <b>■</b> 1-49   |  | □ 1,000-5,000  | □ 25,001-50,000   |  |  |  |  |
|     | you estimate that you owe?                                     | ☐ 50-99   | )  | <b>5001-10,000</b>   | <b>50,001-100,000</b>   |  |  |  |  |
|     |  | ☐ 100-1<br>☐ 200-9  |  | □ 10,001-25,000  | ☐ More than100,000  |  |  |  |  |
| 19. | How much do you  | □ \$0 - \$  |  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | estimate your assets to be worth?                              |   | 001 - \$100,000  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                           | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion |  |  |  |  |
|     |  |   | ,001 - \$500,000<br>,001 - \$1 million   | □ \$100,000,001 - \$100 million  | ☐ More than \$50 billion  |  |  |  |  |
| 20. | How much do you estimate your liabilities                      | <b>=</b> \$0 - \$   |  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | to be?   |   | 001 - \$100,000  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                           | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion    |  |  |  |  |
|     |  |   | ,001 - \$500,000<br>,001 - \$1 million   | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |  |  |  |
| Par | t 7: Sign Below  |   |  |  |   |  |  |  |  |
| For | you  | I have ex   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |  |   |  |  |  |  |
|     |  |   | I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, nited States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.                    |  |   |  |  |  |  |
|     |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).        |  |  |   |  |  |  |  |
|     |  | I request   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |   |  |  |  |  |
|     |  | bankrupt<br>and 357   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |   |  |  |  |  |
|     |  | Cesar l   | ar Ugarte<br>Jgarte<br>e of Debtor 1   | Signature of De  | btor 2  |  |  |  |  |
|     |  | Executed  | d on <b>June 4, 2017</b>   | Executed on  |   |  |  |  |  |
|     |  |   | MM / DD / YYYY   |  | MM / DD / YYYY  |  |  |  |  |

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Debtor 1 Cesar Ugarte Page 7 01 48 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ S. M. de Rath, Esq.                        | Date          | June 4, 2017   |  |
|--|---------------|----------------|--|
| Signature of Attorney for Debtor               |               | MM / DD / YYYY |  |
| C M de Beth Fen                                |               |                |  |
| S. M. de Rath, Esq.                            |               |                |  |
| Printed name                                   |               |                |  |
| Attorney S.M.de Rath, Esq.                     |               |                |  |
| Firm name                                      |               |                |  |
| 233 S. Wacker Dr, 84th FL<br>Chicago, IL 60606 |               |                |  |
| Number, Street, City, State & ZIP Code         |               |                |  |
| Contact phone 312-283-8606                     | Email address |                |  |
| 6206809  |               |                |  |
| Bar number & State                             |               |                |  |

| Debtor 1           | mation to identify your  Cesar Ugarte |                   |             |  |
|--------------------|---------------------------------------|-------------------|-------------|--|
|                    | First Name                            | Middle Name       | Last Name   |  |
| Debtor 2           |                                       |                   |             |  |
| Spouse if, filing) | First Name                            | Middle Name       | Last Name   |  |
| Jnited States Ba   | ankruptcy Court for the:              | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number _      |                                       |                   |             |  |

☐ Check if this is an amended filing

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |              |                               |
|-----|--|--------------|-------------------------------|
|     |  | Your a       | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 402,061.82                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 1,150.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 403,211.82                    |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 30,212.54                     |
|     | Your total liabilities   | \$           | 30,212.54                     |
| Par | t3: Summarize Your Income and Expenses   |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 1,773.42                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 1,580.00                      |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other scl | hedules.                      |
| 7.  | Yes What kind of debt do you have?   |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal   | , family, or                  |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Debtor 1 Cesar Ugarte Document Page 9 of 48
Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cl | aim  |
|--|----------|------|
| From Part 4 on Schedule E/F, copy the following:   |          |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 0.00 |

| C                               | 336 17-13430                    | DUCI              |            | cument                            | Page 10 of 48   | 17 12.50.        | 30 DE             | SC Main   |
|---------------------------------|---------------------------------|-------------------|------------|-----------------------------------|---|------------------|-------------------|---|
| Fill in this infor              | mation to identify y            | our case and t    |            |                                   | Paue 10 01 46   |                  |                   |   |
| Debtor 1                        | Cesar Ugarte                    |                   |            |                                   |   |                  |                   |   |
| <b>D</b> 1 4 6                  | First Name                      | Midd              | le Name    |                                   | Last Name   |                  |                   |   |
| Debtor 2<br>(Spouse, if filing) | First Name                      | Midd              | le Name    |                                   | Last Name   |                  |                   |   |
| United States Ba                | ankruptcy Court for th          | e: NORTHE         | RN DIST    | RICT OF ILLIN                     | OIS   |                  |                   |   |
| C                               |                                 |                   |            |                                   |   |                  |                   |   |
| Case number _                   |                                 |                   |            |                                   |   |                  |                   | Check if this is an amended filing                |
|                                 |                                 |                   |            |                                   |   |                  |                   | ŭ   |
| Official Fo                     | rm 106A/B                       |                   |            |                                   |   |                  |                   |   |
|                                 | le A/B: Pro                     | norty             |            |                                   |   |                  |                   | 12/15   |
|                                 |                                 |                   | an asset   | tonly once If an                  | asset fits in more than one                               | e category list  | the asset in      |   |
| think it fits best. E           | Be as complete and ac           | curate as possib  | le. If two | married people                    | are filing together, both are top of any additional pages | equally respo    | nsible for su     | pplying correct                                   |
| Answer every ques               |                                 | acii a separate s | sneet to t | ilis ioilii. Oli tile             | top of any additional pages                               | s, write your na | anie and casi     | e number (ii known).                              |
| Part 1: Describe                | Each Residence, Buil            | ding, Land, or O  | ther Real  | I Estate You Own                  | n or Have an Interest In                                  |                  |                   |   |
| 1 Do you own or                 | have any legal or equi          | table interest in | any resid  | lence huilding l                  | and, or similar property?                                 |                  |                   |   |
| _                               | , , , ,                         | table interest in | arry resid | ienee, bananig, i                 | and, or similar property:                                 |                  |                   |   |
| ☐ No. Go to Par                 |                                 |                   |            |                                   |   |                  |                   |   |
| Yes. Where i                    | is the property?                |                   |            |                                   |   |                  |                   |   |
|                                 |                                 |                   |            |                                   |   |                  |                   |   |
| 1.1                             |                                 |                   | What       | t is the property?                | Oh a ali allathat annsh                                   |                  |                   |   |
| 1.1<br>1748 N Ke                | eating Ave                      |                   | wna        |                                   | Check all that apply                                      |                  |                   |   |
|                                 | , if available, or other descri | ption             |            | Single-family ho Duplex or multi- |   |                  |                   | aims or exemptions. Put d claims on Schedule D:   |
|                                 |                                 |                   | _          | Condominium o                     | <del>-</del>  | Creditors W      | ho Have Clair     | ns Secured by Property.                           |
|                                 |                                 |                   |            |                                   | •   |                  |                   |   |
| ahiaama                         |                                 | 60630             |            | Manufactured o                    | or mobile home  | Current valu     |                   | Current value of the                              |
| City                            | IL<br>State                     | ZIP Code          |            | Land<br>Investment prop           | nertv   | entire prope     | erty?<br>2,061.82 | portion you own?<br>\$402,061.82                  |
| City                            | Clate                           | Zii Oode          |            | Timeshare                         | perty   | <u>-</u>         | ·                 | ·   |
|                                 |                                 |                   |            | Other                             |   | (such as fee     | simple, ten       | our ownership interest ancy by the entireties, or |
|                                 |                                 |                   | Who        |                                   | in the property? Check one                                | a life estate    | ), if known.      |   |
|                                 |                                 |                   | _          | Debtor 1 only Debtor 2 only       |   |                  |                   |   |
| County                          |                                 |                   |            |                                   | ebtor 2 only  |                  |                   |   |
|                                 |                                 |                   |            | 1                                 | the debtors and another                                   | Check (see inst  |                   | munity property                                   |
|                                 |                                 |                   |            | •                                 | u wish to add about this ite                              | m, such as loc   | al                |   |
|                                 |                                 |                   |            | erty identification               | n number:<br>property was put on រ                        |                  | war liva in       | this bause of                                     |
|                                 |                                 |                   |            |                                   | hen to foreclosed   | ny name ne       | ver live ii       | i tilis liouse at                                 |
|                                 |                                 |                   |            |                                   |   |                  |                   |   |
| 0 41111-1-1                     |                                 |                   |            |                                   | and David A. Incoloration and                             |                  |                   |   |
|                                 |                                 |                   |            |                                   | om Part 1, including any                                  |                  | :>                | \$402,061.82                                      |
|                                 | Your Vehicles                   |                   |            |                                   |   |                  |                   |   |
|                                 |                                 |                   |            |                                   |   |                  |                   |   |
|                                 |                                 |                   |            |                                   | hether they are register<br>ecutory Contracts and Un      |                  |                   | ehicles you own that                              |
|                                 | rucks, tractors, spo            | •                 |            |                                   | -   | •                |                   |   |
| o. Gais, valis, tr              | ucks, tractors, spor            | t dunity verifci  | co, moto   | or cycles                         |   |                  |                   |   |
| ■ No                            |                                 |                   |            |                                   |   |                  |                   |   |
| ☐ Yes                           |                                 |                   |            |                                   |   |                  |                   |   |

Schedule A/B: Property

Official Form 106A/B

| Debtor 1           | Cesar Ugarte   | Document<br>e   | Page 11 of             | Case number (if know       | vn)   |
|--------------------|--|---|------------------------|----------------------------|---|
|                    | raft, aircraft, mot                                    | tor homes, ATVs and other recreational veh<br>motors, personal watercraft, fishing vessels, s |                        |                            |   |
| ■ No               |  |   |                        |                            |   |
| ☐ Yes              |  |   |                        |                            |   |
| <b>—</b> 103       |  |   |                        |                            |   |
|                    |  | the portion you own for all of your entries ed for Part 2. Write that number here             |                        |                            | \$0.00  |
| Part 3: D          | escribe Your Perso                                     | nal and Household Items   |                        |                            |   |
|                    |  | egal or equitable interest in any of the follo  | wing items?            |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examp<br>□ No      | hold goods and foles: Major applian  Describe          | urnishings<br>ices, furniture, linens, china, kitchenware                                     |                        |                            |   |
| _ 100              | . 20001100   |   |                        |                            |   |
|                    |  | Household: sofa, bed, table, chairs, p  | pans,                  |                            | \$600.00  |
| □ No               | oles: Televisions a                                    | nd radios; audio, video, stereo, and digital equ<br>phones, cameras, media players, games     | iipment; computers,    | printers, scanners; mus    | ic collections; electronic devices  |
|                    |  | Electronics: tv   |                        |                            | \$50.00   |
| Examp<br>■ No      |  | figurines; paintings, prints, or other artwork; bons, memorabilia, collectibles               | ooks, pictures, or ot  | her art objects; stamp, c  | oin, or baseball card collections;  |
| Examp<br>No        | nent for sports and oles: Sports, photo musical instru | graphic, exercise, and other hobby equipment  | ; bicycles, pool table | es, golf clubs, skis; cano | es and kayaks; carpentry tools;   |
| 10. Firear Exam No | rms  | s, shotguns, ammunition, and related equipme  | nt                     |                            |   |
| □ No               |  | othes, furs, leather coats, designer wear, shoe   | s, accessories         |                            |   |
|                    |  |   |                        |                            |   |
|                    |  | Clothes: clothes  |                        |                            | \$200.00  |

Official Form 106A/B Schedule A/B: Property

☐ Yes. Describe.....

|     |                           | Case 17-19450   | Doc 1                           | Filed 06/28/17                                      | Entered 06/28/17 12:50:58   | Desc Main   |
|-----|---------------------------|---|---------------------------------|---|---|---|
| De  | ebtor 1                   | Cesar Ugarte  |                                 | Document  | Page 12 of 48  Case number (if known)   |   |
| 13. | Examp<br>■ No             | m animals les: Dogs, cats, birds, ho Describe         | orses                           |   |   |   |
| 14. | ■ No                      | ner personal and house Give specific information      |                                 | u did not already list, iı                          | ncluding any health aids you did not list   |   |
| 15  |                           |   |                                 | rom Part 3, including a                             | ny entries for pages you have attached  | \$850.00  |
| Pa  | rt 4: Des                 | cribe Your Financial Asse                             | ets                             |   |   |   |
| Do  | you ow                    | n or have any legal or o                              | equitable inter                 | est in any of the follow                            | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No É                    | les: Money you have in y                              | •                               | •   | osit box, and on hand when you file your petiti                                       | ion   |
|     |                           |   |                                 |   | Cash: only for<br>the week or in<br>case of<br>emergency                              | \$50.00   |
| 17. | Examp                     |   |                                 | al accounts; certificates occunts with the same ins |   | houses, and other similar   |
|     |                           | 17.1.   |                                 | Checking  | Account: fifth third bank   | \$250.00  |
| 18. |                           | mutual funds, or publi<br>les: Bond funds, investm    |                                 | cks<br>vith brokerage firms, mor                    | ey market accounts  |   |
|     | ☐ Yes                     |   | Institution or is               | ssuer name:   |   |   |
|     | joint ve<br>■ No          | enture  |                                 |   | orporated businesses, including an interes  | st in an LLC, partnership, and  |
|     | ☐ res.                    | Give specific information<br>Na                       | me of entity:                   |   | % of ownership:   |   |
|     | Negotia<br>Non-ne<br>■ No | able instruments include<br>egotiable instruments are | personal check<br>those you can |   | egotiable instruments missory notes, and money orders. by signing or delivering them. |   |
|     | ☐ Yes. (                  | Give specific information                             |                                 |   |   |   |
|     | ⊔ Yes. (                  |   | suer name:                      |   |   |   |
|     | Retirem                   | lss<br>nent or pension accour                         | suer name:                      | 1(k), 403(b), thrift saving                         | s accounts, or other pension or profit-sharing  | plans   |

Page 13 of 48

Case number (if known) Document Debtor 1 **Cesar Ugarte** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No

☐ Yes. Give specific information..

Case 17-19450

Doc 1

Filed 06/28/17

Entered 06/28/17 12:50:58

Desc Main

| Del        | 14      | Case 17-19450  | Doc 1            | Filed 06/28/17<br>Document | Page 14 of 48                               | Desc Main        |
|------------|---------|--|------------------|----------------------------|---|------------------|
| Deb        | tor 1   | Cesar Ugarte   |                  |                            | Case number (if known)                      |                  |
| _          |         | against third parties, who<br>bles: Accidents, employmen       |                  |                            | it or made a demand for payment<br>s to sue |                  |
|            | Yes.    | Describe each claim  |                  |                            |   |                  |
|            | No      | contingent and unliquidate  Describe each claim                | ed claims of     | every nature, includin     | g counterclaims of the debtor and rights to | o set off claims |
| 35.        | Any fin | ancial assets you did not                                      | already list     |                            |   |                  |
|            | No      |  |                  |                            |   |                  |
|            | Yes.    | Give specific information                                      |                  |                            |   |                  |
|            |         |  |                  |                            |   |                  |
| 36.        |         | the dollar value of all of your<br>art 4. Write that number he |                  | •                          | ny entries for pages you have attached      | \$300.00         |
|            |         |  |                  |                            |   |                  |
| Part       | 5: Des  | scribe Any Business-Related                                    | Property You     | Own or Have an Interest    | In. List any real estate in Part 1.         |                  |
| 37 D       | o vou c | own or have any legal or equi                                  | table interest i | n any business-related p   | roperty?                                    |                  |
| _          |         | to Part 6.   |                  | ,                          |   |                  |
|            | Yes. G  | Go to line 38.   |                  |                            |   |                  |
|            |         |  |                  |                            |   |                  |
| Part       |         | scribe Any Farm- and Comme<br>ou own or have an interest in fa |                  |                            | n or Have an Interest In.                   |                  |
| 46. I      | Do you  | ı own or have any legal or                                     | equitable in     | terest in any farm- or     | commercial fishing-related property?        |                  |
|            | ■ No.   | Go to Part 7.  | •                | •                          |   |                  |
|            | ☐ Yes.  | . Go to line 47.   |                  |                            |   |                  |
|            |         |  |                  |                            |   |                  |
| Part       | 7:      | Describe All Property You                                      | Own or Have a    | n Interest in That You Did | d Not List Above                            |                  |
| _          |         | have other property of an<br>oles: Season tickets, country     |                  |                            |   |                  |
| _          |         | Give specific information                                      |                  |                            |   |                  |
|            |         |  |                  |                            |   |                  |
| 54.        | Add t   | he dollar value of all of yo                                   | our entries fr   | om Part 7. Write that n    | umber here                                  | \$0.00           |
| Part       | 8:      | List the Totals of Each Part                                   | of this Form     |                            |   |                  |
| 55         | Part 1  | l: Total real estate line 2                                    |                  |                            |   | ¢402 064 92      |
| 55.<br>56. |         | 2: Total vehicles, line 5                                      | ••••••           |                            | \$0.00                                      | \$402,061.82     |
| 57.        |         | 3: Total personal and hous                                     | sehold items     | <br>. line 15              | \$850.00<br>\$850.00                        |                  |
| 58.        |         | l: Total financial assets, li                                  |                  |                            | \$300.00                                    |                  |
| 59.        |         | 5: Total business-related p                                    |                  | 45                         | \$0.00                                      |                  |

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$1,150.00 Copy personal property total \$1,150.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$403,211.82

Official Form 106A/B Schedule A/B: Property page 5

|                     |                         | I A A A HIII.     |             |                 |
|---------------------|-------------------------|-------------------|-------------|-----------------|
| Fill in this inform | nation to identify your | case:             |             |                 |
| Debtor 1            | Cesar Ugarte            |                   |             |                 |
|                     | First Name              | Middle Name       | Last Name   |                 |
| Debtor 2            |                         |                   |             |                 |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name   |                 |
| United States Bar   | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                 |
| Case number _       |                         |                   |             |                 |
| (if known)          |                         |                   |             | ☐ Check if this |
|                     |                         |                   |             | amended fil     |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                           | portion you own                     | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|-------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B | Che | ck only one box for each exemption.                             |                                    |
| Household: sofa, bed, table, chairs, pans,                      | \$600.00                            |     | \$600.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1                                     |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Electronics: tv Line from Schedule A/B: 7.1                     | \$50.00                             |     | \$50.00   | 735 ILCS 5/12-1001(b)              |
| Line Holli Schedule PAB. 7.1                                    |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothes: clothes Line from Schedule A/B: 11.1                   | \$200.00                            |     | \$200.00  | 735 ILCS 5/12-1001(a)              |
| Line nom <i>Schedule Arb.</i> 1111                              |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash: only for the week or in case of emergency                 | \$50.00                             |     | \$50.00   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 16.1                                    |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking Account: fifth third bank Line from Schedule A/B: 17.1 | \$250.00                            |     | \$250.00  | 735 ILCS 5/12-1001(b)              |
| Line Itom Schedule PVD. 11.1                                    |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Debtor 1 Cesar Ugarte

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

| Fill in this inform | nation to identify your | case:             |             |                     |
|---------------------|-------------------------|-------------------|-------------|---------------------|
| Debtor 1            | Cesar Ugarte            |                   |             |                     |
|                     | First Name              | Middle Name       | Last Name   |                     |
| Debtor 2            |                         |                   |             |                     |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name   |                     |
| United States Bar   | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                     |
| Case number         |                         |                   |             |                     |
| (if known)          |                         |                   |             | Check if this is an |
|                     |                         |                   |             | amended filing      |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                       | Ouse 1  | 1 10-00 D                                  | Document                               | Page 1             | 8 of 48                                   | 76 Best Mair  |
|-----------------------|---|--|--|--------------------|---|---|
| Fill in               | this information                              | to identify your o                         |  |                    |   |   |
| Debtor                | · 1 Co  | car Haarto                                 |  |                    |   |   |
| Deptoi                |   | sar Ugarte Name                            | Middle Name                            | Last Name          |   |   |
| Debtor                | · 2   |  |  |                    |   |   |
| (Spouse               | if, filing) First                             | Name                                       | Middle Name                            | Last Name          |   |   |
| United                | States Bankrupto                              | cy Court for the:                          | NORTHERN DISTRICT OF                   | ILLINOIS           |   |   |
| Case r                | number  |  |  |                    |   |   |
| (if known             |   |  |  |                    |   | ☐ Check if this is an   |
|                       |   |  |  |                    |   | amended filing  |
| Ott: ~:               | ial Farma 100                                 | 2F/F                                       |  |                    |   |   |
|                       | ial Form 100                                  |  | h a 11a a 11m a a a                    | d Claima           |   | 40/45   |
|                       |   |  | ho Have Unsecure                       |                    |   | 12/15 RIORITY claims. List the other par  |
| Schedul<br>left. Atta | le D: Creditors Wh                            | o Have Claims Secu<br>on Page to this page |  | is needed, copy    | the Part you need, fill it out, nu        | cured claims that are listed in<br>imber the entries in the boxes on<br>o of any additional pages, write yo |
| Part 1:               | List All of Yo                                | our PRIORITY Un                            | secured Claims                         |                    |   |   |
| 1. Do                 | any creditors have                            | e priority unsecured                       | I claims against you?                  |                    |   |   |
|                       | No. Go to Part 2.                             |  |  |                    |   |   |
|                       | Yes.  |  |  |                    |   |   |
| Part 2:               | List All of Yo                                | our NONPRIORIT                             | Y Unsecured Claims                     |                    |   |   |
| 3. Do                 | any creditors have                            | e nonpriority unsec                        | ured claims against you?               |                    |   |   |
|                       | No. You have nothi                            | ng to report in this pa                    | art. Submit this form to the court w   | ith your other sch | edules.                                   |   |
|                       | Yes.  |  |  |                    |   |   |
| 4. Lis                | t all of your nonpr<br>secured claim, list th | e creditor separately                      |  | ted, identify what | type of claim it is. Do not list clain    | has more than one nonpriority ns already included in Part 1. If more ms fill out the Continuation Page of   |
|                       |   |  |  |                    |   | Total claim   |
| 4.1                   | bank of amer                                  | ica  | Last 4 digits of a                     | ccount number      | 2347                                      | \$341.  |
|                       | Nonpriority Credit                            | or's Name                                  |  |                    |   |   |
|                       | 5200 w Fuller                                 | rton                                       | When was the de                        | aht incurred?      | Date Opened: 07/11/20<br>Used: 05/11/2017 | )16 Last  |
|                       | chicago, IL 6                                 | 0639                                       | Wileli was tile u                      | ebt illculreu :    | USeu. US/11/2017                          |   |
|                       | Number Street Cit                             | •  | As of the date yo                      | ou file, the claim | is: Check all that apply                  |   |
|                       | Who incurred the                              | e debt? Check one.                         |  |                    |   |   |
|                       | Debtor 1 only                                 |  | ☐ Contingent                           |                    |   |   |
|                       | Debtor 2 only                                 |  | ☐ Unliquidated                         |                    |   |   |
|                       | Debtor 1 and [                                | Debtor 2 only                              | ☐ Disputed                             |                    |   |   |
|                       | ☐ At least one of                             | the debtors and ano                        |  |                    | d claim:                                  |   |
|                       |   | claim is for a comm                        |  |                    |   |   |
|                       | debt<br>Is the claim subj                     | act to offset?                             | ☐ Obligations ar report as priority of |                    | aration agreement or divorce that         | you did not   |
|                       | No  | ect to onset?                              |  |                    | ng plans, and other similar debts         |   |
|                       |   |  | ·                                      | •                  |   |   |
|                       | ☐ Yes   |  | Other Specify                          | Cash Rewo          | oras                                      |   |

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Debtor 1 Cesar Ugarte Case number (if know) 4.2 **BLATT HASENMILLER LEIBSKE** \$2,334.17 Last 4 digits of account number 4319 Nonpriority Creditor's Name 10 S LASALLE#2200 When was the debt incurred? **CAPITAL ONE BANK** Chicago, IL 60603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify CAPITAL ONE BANK ☐ Yes 4.3 Codilis & Associates PC Last 4 digits of account number Unknown Nonpriority Creditor's Name 15W030 N Frontage Road, Suite 100 When was the debt incurred? Burr Ridge, IL 60527 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No 1748 N Keating Ave, Chicago IL - never ☐ Yes owned someone put the house in my name 4.4 **Equifax Credit Information Services** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? P.O Box 740241 Atlanta, GA 30374-0241 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify for Notice Purposes ☐ Yes

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|     |  | Case Humber (I know)  |             |
|-----|--|---|-------------|
| 4.5 | Experian Nonpriority Creditor's Name                                 | Last 4 digits of account number   | \$0.00      |
|     | Bankruptcy Dept<br>P.O.Box 2002                                      | When was the debt incurred?   |             |
|     | Allen, TX 75013  | _   |             |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|     | ■ Debtor 1 only  | ☐ Contingent  |             |
|     | ☐ Debtor 2 only  | ☐ Unliquidated  |             |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans   |             |
|     | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |             |
|     | Yes  | Other. Specify notice purposes  |             |
| 4.6 | FINE, MICHAEL D  | Last 4 digits of account number 0403  | \$10,212.24 |
|     | Nonpriority Creditor's Name  |   | ·           |
|     | 131 S DEARBORN<br>CHASE BANK USA N A                                 | When was the debt incurred?   |             |
|     | Chicago, IL 60603  |   |             |
|     | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |             |
|     | Who incurred the debt? Check one.                                    |   |             |
|     | Debtor 1 only  | ☐ Contingent  |             |
|     | Debtor 2 only  | ☐ Unliquidated  |             |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|     | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans   |             |
|     | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not                           |             |
|     | No   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts          |             |
|     | ■ No □ Yes   | ■ Other. Specify CHASE BANK USA N A   |             |
|     |  | — Other. Specify  |             |
| 4.7 | GOLDMAN AND GRANT  Nonpriority Creditor's Name                       | Last 4 digits of account number 5901  | \$1,746.01  |
|     | 205 W RANDOLPH#1100<br>(312) 781-8700                                | When was the debt incurred?   |             |
|     | Chicago, IL 60606  |   |             |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|     | ■ Debtor 1 only  | ☐ Contingent  |             |
|     | Debtor 2 only  | ☐ Unliquidated  |             |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans   |             |
|     | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                         |             |
|     | Is the claim subject to offset?                                      | report as priority claims   |             |
|     | No   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | ☐ Yes  | ■ Other. Specify CITY CHICAGO   |             |

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Debtor 1 Cesar Ugarte Case number (if know) 4.8 JOHN C BONEWICZ PC \$4,166.84 Last 4 digits of account number 2278 Nonpriority Creditor's Name **350 N ORLEANS 300** When was the debt incurred? (866) 427-4027 Chicago, IL 60654 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify CACH LLC ☐ Yes 4.9 john h. stroger jr hopital Last 4 digits of account number 3549 \$248.00 Nonpriority Creditor's Name 1969 w oaden When was the debt incurred? 09/16/2016 chicago, IL 60612 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify john stroger ir hospital of cook 4.1 9169 \$662.00 0 Last 4 digits of account number county Nonpriority Creditor's Name 1969 w ogden ave When was the debt incurred? 08/29/2016 chicago, IL 60612 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes Other. Specify

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Case number (if know)

| Markoff Law Offices  | Last 4 digits of account number                            | 6128   | \$1,040.00 |
|--|--|--|------------|
| Nonpriority Creditor's Name 19 N Wacker Dr #550 (312) 698-7300       | When was the debt incurred?                                |  |            |
| Chicago, IL 60606  Number Street City State Zlp Code                 | As of the date you file, the claim i                       | is: Check all that apply                         |            |
| Who incurred the debt? Check one.                                    | •  |  |            |
| ■ Debtor 1 only  | ☐ Contingent   |  |            |
| Debtor 2 only  | ☐ Unliquidated   |  |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:   |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not     |            |
| ■ No   | Debts to pension or profit-sharin                          | g plans, and other similar debts                 |            |
| Yes  | ■ Other. Specify City of Chic                              | cago   |            |
| MCM / citibank   | Last 4 digits of account number                            | 4966   | \$2,009.80 |
| Nonpriority Creditor's Name  |  |  | . ,        |
| PO Box 603<br>oak, PA 19456  | When was the debt incurred?                                | Date Opened: 06/10/2008 Last<br>Used: 10/12/2010 |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                       | is: Check all that apply                         |            |
| ■ Debtor 1 only  | ☐ Contingent   |  |            |
| Debtor 2 only  | ☐ Unliquidated   |  |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:   |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not    |            |
| ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts                 |            |
| Yes  | Other. Specify   |  |            |
| northwester memorial hospital  | Last 4 digits of account number                            | 9001   | \$7,452.32 |
| Nonpriority Creditor's Name<br>p.o. box 73690<br>chicago, IL 60673   | When was the debt incurred?                                | 06/17/2011                                       |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                       | is: Check all that apply                         |            |
| ■ Debtor 1 only  | ☐ Contingent   |  |            |
| □ Debtor 2 only  | ☐ Unliquidated   |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:   |            |
| ☐ Check if this claim is for a community                             | Student loans  |  |            |
| debt   | ☐ Obligations arising out of a sepa                        | ration agreement or divorce that you did not     |            |
| Is the claim subject to offset?                                      | report as priority claims                                  | •  |            |
| ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts                 |            |
| ☐ Yes  | Other Specify  |  |            |

Document Page 23 of 48 Debtor 1 Cesar Ugarte Case number (if know) 4.1 \$0.00 **TransUnion** Last 4 digits of account number Nonpriority Creditor's Name

| Bankruptcy Department                    | When was the debt incurred?   |
|--|---|
| P.O.Box 1000                             |   |
| Chester, PA 19022                        |   |
| Number Street City State Zlp Code        | As of the date you file, the claim is: Check all that apply                     |
| Who incurred the debt? Check one.        |   |
| Debtor 1 only                            | ☐ Contingent  |
| Debtor 2 only                            | ☐ Unliquidated  |
| ☐ Debtor 1 and Debtor 2 only             | ☐ Disputed  |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |
| ☐ Check if this claim is for a community | ☐ Student loans   |
| debt                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not |
| Is the claim subject to offset?          | report as priority claims   |
| ■ No                                     | lacksquare Debts to pension or profit-sharing plans, and other similar debts    |
| ☐ Yes                                    | ■ Other. Specify for notice purposes  |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | 7  | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims          |     |   |     |    |             |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       | 01  | On the Alberta  | 01  |    | Total Claim |
| Total                 | 6f. | Student loans   | 6f. | \$ | 0.00        |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 30,212.54   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 30,212.54   |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                     |                          |                   | III FAUE / 4 UI 40 | () |
|---------------------|--------------------------|-------------------|--------------------|----|
| Fill in this infor  | mation to identify your  | case:             |                    |    |
| Debtor 1            | Cesar Ugarte             |                   |                    |    |
|                     | First Name               | Middle Name       | Last Name          |    |
| Debtor 2            |                          |                   |                    |    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |    |
| Case number         |                          |                   |                    |    |
| (if known)          |                          |                   |                    |    |
|                     |                          |                   |                    |    |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     | •         |              |   |                   |   |

|                            |  | Docume   | ent Page 25 o  | ot 48                   |  |
|----------------------------|--|--|--|-------------------------|--|
| Fill in this               | information to identify your   | case:  |  |                         |  |
|                            |  |  |  |                         |  |
| Debtor 1                   | Cesar Ugarte First Name  | Middle Name  | Last Name  |                         |  |
| Debtor 2                   | r not realing  | imadic riamo   | Zaot Hamo  |                         |  |
| (Spouse if, filir          | ng) First Name   | Middle Name  | Last Name  |                         |  |
|                            |  | NODTHERN BIOTRICT  | 05 11 1 11 10 10   |                         |  |
| United Sta                 | tes Bankruptcy Court for the:  | NORTHERN DISTRICT  | OF ILLINOIS  |                         |  |
| Case numl                  | her  |  |  |                         |  |
| (if known)                 |  |  |  |                         | ☐ Check if this is an  |
|                            |  |  |  |                         | amended filing   |
|                            |  |  |  |                         |  |
| Officia                    | I Form 106H  |  |  |                         |  |
| Schod                      | lule H: Your Cod   | lobtors  |  |                         | 40/45  |
| Scried                     | iule n. Toul Cou   | ienroi 2   |  |                         | 12/15  |
| Arizon  No. Yes  3. In Col | hin the last 8 years, have you as, California, Idaho, Louisiana Go to line 3.  S. Did your spouse, former spoumn 1, list all of your codeb | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your | erto Rico, Texas, Wash with you at the time? spouse as a codebto | nington, and Wisconsin. | ty states and territories include )  ng with you. List the person shown the creditor on Schedule D (Official |
|                            | 106D), Schedule E/F (Officia<br>olumn 2.   | I Form 106E/F), or Sched   | ule G (Official Form 10  | 06G). Use Schedule D    | Schedule E/F, or Schedule G to fill  |
|                            |  |  |  | Calumin O The           | aditor to whom you are the date  |
|                            | Column 1: Your codebtor Name, Number, Street, City, State and Z  | IP Code  |  | Check all schedul       | editor to whom you owe the debt es that apply:   |
|                            |  |  |  | on on an our our        | 50 that apply:   |
| 3.1                        |  |  |  | ☐ Schedule D, lir       | ne   |
|                            | Name   |  |  | □ Schedule E/F,         | line   |
|                            |  |  |  | ☐ Schedule G, lir       | ne   |
| _                          | N. J. Ot d   |  |  |                         |  |
|                            | Number Street<br>City  | State  | ZIP Code   |                         |  |
|                            | City   | Ototo  | 211 0000   |                         |  |
|                            |  |  |  |                         |  |
| 3.2                        |  |  |  | Schedule D, lir         | ne   |
|                            | Name   |  |  | ☐ Schedule E/F,         |  |
|                            |  |  |  | ☐ Schedule G, lir       | ne   |
| -                          | Number Street  |  |  |                         |  |
|                            | City   | State  | ZIP Code   |                         |  |

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| Fill in this informat           | ion to identify your case:                           |   |
|---------------------------------|--|---|
| Debtor 1                        | Cesar Ugarte   |   |
| Debtor 2<br>(Spouse, if filing) |  |   |
| United States Ban               | kruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |   |
| Case number (If known)          |  | Check if this is:   An amended filing   |
|                                 |  | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo                     | <u>rm 106l</u>                                       | MM / DD/ YYYY   |
| Schedule                        | I: Your Income                                       | 12/15   |
|                                 |  |   |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | 1: Describe Employment                                      |                      |  |                               |
|-----|---|----------------------|--|-------------------------------|
| 1.  | Fill in your employment information.                        |                      | Debtor 1                               | Debtor 2 or non-filing spouse |
|     | If you have more than one job,                              | Employment status    | ■ Employed                             | ☐ Employed                    |
|     | attach a separate page with information about additional    | Employment status    | ☐ Not employed                         | ■ Not employed                |
|     | employers.  | Occupation           | Manager                                |                               |
|     | Include part-time, seasonal, or self-employed work.         | Employer's name      | Karavites Restaurant d/b/a<br>Mcdonald |                               |
|     | Occupation may include student or homemaker, if it applies. | Employer's address   | 10 E Chicago St<br>chicago, IL 60611   |                               |
|     |   | How long employed th | nere? 3 Years, 0 Months                | · -                           |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,180.70 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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| Debt    | tor 1         | Cesar Ugarte  |            | С          | ase            | number (if known) |           |                  |             |  |
|---------|---------------|---|------------|------------|----------------|-------------------|-----------|------------------|-------------|--|
|         |               |   |            |            |                | Debtor 1          | n         | or Debtor        | spouse      | _  |
|         | Cop           | y line 4 here   | 4.         |            | \$_            | 2,180.70          | \$        |                  | 0.00        | <u>)</u>                                     |
| 5.      | List          | all payroll deductions:   |            |            |                |                   |           |                  |             |  |
|         | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.        |            | \$_            | 407.28            | \$        |                  | 0.00        | )_   |
|         | 5b.           | Mandatory contributions for retirement plans  | 5b.        |            | \$             | 0.00              | \$        |                  | 0.00        |  |
|         | 5c.           | Voluntary contributions for retirement plans  | 5c.        |            | \$_            | 0.00              | \$        |                  | 0.00        | _  |
|         | 5d.           | Required repayments of retirement fund loans  | 5d.        |            | \$_            | 0.00              | \$        |                  | 0.00        |  |
|         | 5e.           | Insurance   | 5e.        |            | \$_            | 0.00              | \$        |                  | 0.00        | _  |
|         | 5f.           | Domestic support obligations Union dues   | 5f.        |            | $_{\$}^{\$}-$  | 0.00              | \$<br>\$  |                  | 0.00        |  |
|         | 5g.<br>5h.    | Other deductions. Specify:  | 5g.<br>5h. |            | ֆ<br>\$        | 0.00              | φ<br>+ \$ |                  | 0.00        |  |
| 6       |               |   | _          |            | · —            |                   |           | -                |             | _  |
| 6.<br>7 |               | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         |            | <sup>₿</sup> _ | 407.28            | \$        |                  | 0.00        | _  |
| 7.      |               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | ;          | ₿ _            | 1,773.42          | \$        |                  | 0.00        | <u>)                                    </u> |
| 8.      | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total               | 0.0        |            | <b>ው</b>       | 0.00              | ¢.        |                  | 0.00        |  |
|         | 8b.           | monthly net income. Interest and dividends  | 8a.<br>8b. |            | $_{\$}^{\$}-$  | 0.00              | \$<br>\$  |                  | 0.00        | _  |
|         | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive   | ob.        |            | Ψ_             | 0.00              | φ         |                  | 0.00        | <u></u>                                      |
|         |               | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        |            | \$             | 0.00              | \$        |                  | 0.00        | )  |
|         | 8d.           | Unemployment compensation   | 8d.        | . :        | \$_            | 0.00              | \$        |                  | 0.00        |  |
|         | 8e.           | Social Security   | 8e.        | . :        | \$_            | 0.00              | \$        |                  | 0.00        | )  |
|         | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:    | 8f.        |            | \$             | 0.00              | \$        |                  | 0.00        | )  |
|         | 8g.           | Pension or retirement income  | 8g.        |            | \$_            | 0.00              | \$        |                  | 0.00        |  |
|         | 8h.           | Other monthly income. Specify:  | 8h.        | +          | \$_            | 0.00              | + \$      |                  | 0.00        | <u>)                                    </u> |
| 9.      | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$         |                | 0.00              | \$        |                  | 0.0         | 00   |
| 10      | Cal           | aulate menthly income. Add line 7 Lline 0   | 10.        | <u> </u>   |                | 4 772 42 . 6      |           | 0.00             |             | 4 772 42                                     |
| 10.     |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.        | <b>Р</b> — |                | 1,773.42 + \$_    |           | 0.00             | = \$ _      | 1,773.42                                     |
| 11.     | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify: | deper      |            |                | •                 |           | n <i>Schedul</i> | e J.<br>+\$ | 0.00   |
| 12.     |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies   |            |            |                |                   |           |                  | \$          | 1,773.42                                     |
| 13.     | Do            | you expect an increase or decrease within the year after you file this form   | ?          |            |                |                   |           |                  | Combi       | ined<br>Ily income                           |
| -       |               | No. Yes. Explain: Karavitos Rostaurant d/b/a Mcdonald Change: lo  |            | 2115       | •              |                   |           |                  |             |  |

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| Fill        | in this information to identify your case:   |                              |                                |           |                   |                               |
|-------------|--|------------------------------|--------------------------------|-----------|-------------------|-------------------------------|
| Deb         | otor 1 Cesar Ugarte  |                              |                                | Che       | eck if this is:   |                               |
| Deb         | otor 2   |                              |                                |           |                   | wing postpetition chapter     |
| (Spc        | ouse, if filing)   |                              |                                |           | 13 expenses as of | the following date:           |
| Unite       | ted States Bankruptcy Court for the: NORTHERN DIS  | TRICT OF ILLINOIS            |                                |           | MM / DD / YYYY    |                               |
|             | se numbersnown)  | _                            |                                |           |                   |                               |
| Of          | fficial Form 106J  |                              |                                |           |                   |                               |
| Sc          | chedule J: Your Expenses   |                              |                                |           |                   | 12/15                         |
| Be a        | as complete and accurate as possible. If two mormation. If more space is needed, attach anothember (if known). Answer every question.                  |                              |                                |           |                   |                               |
| Pari        | Is this a joint case?  |                              |                                |           |                   |                               |
|             | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate house ☐ No  | ehold?                       |                                |           |                   |                               |
|             | ☐ Yes. Debtor 2 must file Official Form 1  | 06J-2, Expenses for Separa   | te Household                   | of Del    | otor 2.           |                               |
| 2.          | Do you have dependents? ■ No   |                              |                                |           |                   |                               |
|             |  |                              | nt's relationsh<br>or Debtor 2 | ip to     | Dependent's age   | Does dependent live with you? |
|             | Do not state the dependents names.   |                              |                                |           |                   | □ No<br>□ Yes                 |
|             | dependents names.  |                              |                                |           |                   | □ Yes<br>□ No                 |
|             |  |                              |                                |           |                   | Yes                           |
|             |  |                              |                                |           |                   | □ No                          |
|             |  |                              |                                |           |                   | ☐ Yes<br>☐ No                 |
|             |  |                              |                                |           |                   | ☐ Yes                         |
| 3.          | Do your expenses include expenses of people other than yourself and your dependents?   ■ No □ Yes  |                              |                                |           |                   |                               |
| Esti<br>exp | Estimate Your Ongoing Monthly Expensionate your expenses as of your bankruptcy filingularies as of a date after the bankruptcy is filed plicable date. | ng date unless you are usi   |                                |           |                   |                               |
| the         | lude expenses paid for with non-cash governm<br>value of such assistance and have included it<br>ficial Form 106l.)                                    |                              |                                |           | Your exp          | enses                         |
| 4.          | The rental or home ownership expenses for y payments and any rent for the ground or lot.   | our residence. Include first | mortgage                       | 4.        | \$                | 640.00                        |
|             | If not included in line 4:   |                              |                                |           |                   |                               |
|             | 4a. Real estate taxes  |                              |                                | 4a.       | \$                | 0.00                          |
|             | 4b. Property, homeowner's, or renter's insurar   |                              |                                | 4b.       | ·                 | 0.00                          |
|             | 4c. Home maintenance, repair, and upkeep ex  | •                            |                                | 4c.       | ·                 | 0.00                          |
| 5.          | <ul> <li>4d. Homeowner's association or condominium</li> <li>Additional mortgage payments for your residence</li> </ul>                                |                              | oans                           | 4d.<br>5. | ·                 | 0.00<br>0.00                  |

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|                | Cesar Ugarte   | Case num     | per (if known)      |                        |
|----------------|--|--------------|---------------------|------------------------|
| . Utilit       | ties:  |              |                     |                        |
| 6a.            | Electricity, heat, natural gas   | 6a.          | \$                  | 0.00                   |
| 6b.            | Water, sewer, garbage collection   | 6b.          | \$                  | 0.00                   |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | ·                   | 120.00                 |
| 6d.            | Other. Specify:  | 6d.          | ·                   | 0.00                   |
|                | d and housekeeping supplies  | 7.           | \$                  | 400.00                 |
|                | dcare and children's education costs   | 7.<br>8.     | \$                  |                        |
|                |  | 9.           | ·                   | 0.00                   |
|                | hing, laundry, and dry cleaning  |              | \$                  | 20.00                  |
|                | sonal care products and services   | 10.          | \$                  | 50.00                  |
|                | lical and dental expenses  | 11.          | \$                  | 100.00                 |
|                | nsportation. Include gas, maintenance, bus or train fare.  | 12.          | \$                  | 200.00                 |
|                | not include car payments.  | 13.          | ·                   |                        |
|                | ertainment, clubs, recreation, newspapers, magazines, and books  |              | •                   | 50.00                  |
|                | ritable contributions and religious donations  | 14.          | \$                  | 0.00                   |
| 5. Insu        |  |              |                     |                        |
|                | not include insurance deducted from your pay or included in lines 4 or 20.   | 150          | œ.                  | 0.00                   |
|                | Life insurance   | 15a.         |                     | 0.00                   |
|                | Health insurance   | 15b.         | ·                   | 0.00                   |
|                | Vehicle insurance  | 15c.         |                     | 0.00                   |
|                | Other insurance. Specify:  | 15d.         | \$                  | 0.00                   |
| 3. <b>Taxe</b> | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  |              |                     |                        |
| Spec           | •  | 16.          | \$                  | 0.00                   |
|                | allment or lease payments:   |              |                     |                        |
|                | Car payments for Vehicle 1   | 17a.         | \$                  | 0.00                   |
| 17b.           | Car payments for Vehicle 2   | 17b.         | \$                  | 0.00                   |
| 17c.           | Other. Specify:  | 17c.         | \$                  | 0.00                   |
| 17d.           | Other. Specify:  | 17d.         | \$                  | 0.00                   |
| 3. Your        | r payments of alimony, maintenance, and support that you did not report as   |              |                     |                        |
|                | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.          | \$                  | 0.00                   |
| Othe           | er payments you make to support others who do not live with you.   |              | \$                  | 0.00                   |
| Spec           | cify:  | 19.          |                     |                        |
| ). Othe        | er real property expenses not included in lines 4 or 5 of this form or on Sche   | dule I: Yo   | ur Income.          |                        |
|                | Mortgages on other property  | 20a.         |                     | 0.00                   |
|                | Real estate taxes  | 20b.         | \$                  | 0.00                   |
| 20c.           | Property, homeowner's, or renter's insurance   | 20c.         | \$                  | 0.00                   |
|                | Maintenance, repair, and upkeep expenses   | 20d.         | ·                   | 0.00                   |
|                | Homeowner's association or condominium dues  | 20e.         |                     | 0.00                   |
|                |  |              | ·                   |                        |
| . Otne         | er: Specify:   | 21.          | +⊅                  | 0.00                   |
| 2. Calc        | culate your monthly expenses   |              |                     |                        |
|                | Add lines 4 through 21.  |              | \$                  | 1,580.00               |
|                | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$                  | 1,500100               |
|                |  |              | ·                   | 4 500 00               |
| 22C.           | Add line 22a and 22b. The result is your monthly expenses.   |              | \$                  | 1,580.00               |
| 3. Calc        | culate your monthly net income.  |              | <u> </u>            |                        |
|                | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$                  | 1,773.42               |
|                | Copy your monthly expenses from line 22c above.  | 23b.         |                     | 1,580.00               |
| ۷۵۵.           | Copy your monthly expenses from the 226 above.   | 200.         | Ψ                   | 1,360.00               |
| 230            | Subtract your monthly expenses from your monthly income  |              |                     |                        |
| 23C.           | Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .                                   | 23c.         | \$                  | 193.42                 |
|                | The result is your monthly her moonie.   |              | -                   |                        |
| 4 Day          | ou expect an increase or decrease in your expenses within the year after yo  | u file this  | form?               |                        |
| 4. DOV         |  |              |                     | or decrease because c  |
|                | example, do you expect to finish paying for your car loan within the year or do you expect your  | · mortgage r | payment to increase | of decirease pecause c |
| For e          | example, do you expect to finish paying for your car loan within the year or do you expect your<br>fication to the terms of your mortgage? | · mortgage p | bayment to increase | or decrease because c  |
| For ex         | fication to the terms of your mortgage?  | mortgage p   | payment to increase | or decrease because o  |

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| Fill in this inf                | formation to identify your   | case:                       |                           |                         |                                   |
|---------------------------------|------------------------------|-----------------------------|---------------------------|-------------------------|-----------------------------------|
| Debtor 1                        | Cesar Ugarte                 |                             |                           |                         |                                   |
|                                 | First Name                   | Middle Name                 | Last Name                 |                         |                                   |
| Debtor 2<br>(Spouse if, filing) | First Name                   | Middle Name                 | Last Name                 |                         |                                   |
| (Spouse II, IIIIIIg)            | Filst Name                   |                             |                           |                         |                                   |
| United States                   | Bankruptcy Court for the:    | NORTHERN DISTRICT O         | F ILLINOIS                |                         |                                   |
| Case number                     |                              |                             |                           |                         |                                   |
| (if known)                      |                              |                             |                           |                         | ☐ Check if this is an             |
|                                 |                              |                             |                           |                         | amended filing                    |
|                                 |                              |                             |                           |                         |                                   |
| O#:-:-! E-                      | 400D                         |                             |                           |                         |                                   |
|                                 | orm 106Dec                   |                             |                           |                         |                                   |
| Declara                         | ation About a                | an Individual I             | Debtor's Sc               | hedules                 | 12/15                             |
|                                 |                              |                             |                           |                         |                                   |
| If two married                  | I people are filing togethe  | r, both are equally respons | sible for supplying cor   | rect information.       |                                   |
| You must file                   | this form whenever you f     | ile bankruptcy schedules o  | or amended schedules      | . Making a false statem | ent, concealing property, or      |
| obtaining mo                    | ney or property by fraud i   | n connection with a bankru  |                           |                         | or imprisonment for up to 20      |
| years, or both                  | n. 18 U.S.C. §§ 152, 1341, 1 | 1519, and 3571.             |                           |                         |                                   |
|                                 |                              |                             |                           |                         |                                   |
|                                 | Sign Below                   |                             |                           |                         |                                   |
|                                 |                              |                             |                           |                         |                                   |
| Did you                         | pay or agree to pay some     | eone who is NOT an attorne  | ey to help you fill out b | pankruptcy forms?       |                                   |
| ■ No                            |                              |                             |                           |                         |                                   |
| ☐ Yes                           | s. Name of person            |                             |                           | Attach Bankru           | ıptcy Petition Preparer's Notice, |
| _                               | •                            |                             |                           | Declaration, a          | and Signature (Official Form 119) |
|                                 |                              |                             |                           |                         |                                   |
| Under pe                        | enalty of periury. I declare | that I have read the summ   | arv and schedules file    | d with this declaration | and                               |
|                                 | are true and correct.        |                             | •                         |                         |                                   |
| X /s/ C                         | Cesar Ugarte                 |                             | X                         |                         |                                   |
|                                 | ar Ugarte                    |                             | Signature of              | Debtor 2                |                                   |
|                                 | ature of Debtor 1            |                             | 9                         |                         |                                   |

Date

Date **June 4, 2017** 

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|                 | II to di to to Come        |   |                                |                                    |             |   |                                    |               |   |
|-----------------|----------------------------|---|--------------------------------|------------------------------------|-------------|---|------------------------------------|---------------|---|
|                 |                            | nation to identify you  | ır case:                       |                                    |             |   |                                    |               |   |
| D               | ebtor 1                    | Cesar Ugarte First Name   | Mid                            | ddle Name                          | L           | ast Name                                |                                    |               |   |
|                 | ebtor 2                    |   |                                |                                    |             |   |                                    |               |   |
| (S <sub>l</sub> | pouse if, filing)          | First Name  | Mid                            | ddle Name                          | L           | ast Name                                |                                    |               |   |
| Uı              | nited States Bar           | nkruptcy Court for the  | NORTH                          | HERN DISTRICT                      | OF ILLIN    | OIS                                     |                                    |               |   |
|                 | ase number<br>known)       |   |                                |                                    |             |   |                                    | _             | eck if this is an<br>nended filing                    |
| S               |                            | of Financial  |                                |                                    |             |   |                                    |               | 4/1   |
| inf             | ormation. If m             | nd accurate as poss<br>ore space is needed<br>n). Answer every que                                  | , attach a s                   |                                    |             |   |                                    |               |   |
| Pa              | art 1: Give D              | etails About Your M   | arital Status                  | s and Where Yo                     | u Lived E   | efore                                   |                                    |               |   |
| 1.              | What is your               | current marital stat  | us?                            |                                    |             |   |                                    |               |   |
|                 | ☐ Married                  |   |                                |                                    |             |   |                                    |               |   |
|                 | ■ Not mar                  | ried  |                                |                                    |             |   |                                    |               |   |
| 2.              | During the la              | ast 3 years, have you   | ı lived anvw                   | vhere other than                   | where v     | ou live now?                            |                                    |               |   |
|                 | _                          | ,   |                                |                                    | ,           |   |                                    |               |   |
|                 | □ No ■ Voc List            | t all of the places you   | lived in the                   | last 3 years. Do n                 | ot includ   | whore you live pe                       | NA/                                |               |   |
|                 | - 165. LIS                 | t all of the places you   | iived iii tile i               | iast 3 years. Do n                 | iot iriciuu | where you live no                       | ow.                                |               |   |
|                 | Debtor 1 Pri               | ior Address:  |                                | Dates Debtor 1 lived there         |             | Debtor 2 Prior A                        | Address:                           |               | Dates Debtor 2<br>lived there                         |
|                 | 931 N karlo<br>chicago, IL |   |                                | From-To:<br><b>9/2009 - 9/201</b>  | 13          | ☐ Same as Debto                         | r 1                                |               | ☐ Same as Debtor 1<br>From-To:                        |
|                 | 941 W Car<br>chicago, IL   |   |                                | From-To:<br><b>6/2005 - 9/20</b> 0 | )9          | ☐ Same as Debto                         | r 1                                |               | ☐ Same as Debtor 1<br>From-To:                        |
|                 | No Yes. Ma                 | ist 8 years, did you e<br>es include Arizona, Ca<br>ke sure you fill out So<br>n the Sources of You | alifornia, Ida<br>chedule H: Y | lho, Louisiana, Ne                 | evada, Ne   | w Mexico, Puerto l                      |                                    |               | P (Community propert)<br>sconsin.)                    |
|                 |                            |   |                                |                                    |             |   |                                    |               |   |
| 4.              | Fill in the tota           | e any income from e<br>il amount of income you<br>g a joint case and you                            | ou received                    | from all jobs and                  | all busine  | sses, including pa                      | rt-time activities.                | evious calenc | lar years?  |
|                 | □ No                       |   |                                |                                    |             |   |                                    |               |   |
|                 | Yes. Fill                  | in the details.   |                                |                                    |             |   |                                    |               |   |
|                 |                            |   | Debtor 1                       |                                    |             |   | Debtor 2                           |               |   |
|                 |                            |   |                                | of income<br>that apply.           | (befo       | s income<br>re deductions and<br>sions) | Sources of inc<br>Check all that a |               | Gross income<br>(before deductions<br>and exclusions) |

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Case number (if known) Document

Debtor 1 Cesar Ugarte

|    |  | Debtor 1  |  | Debtor 2  |   |
|----|--|---|--|---|---|
|    |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions<br>and exclusions) |
|    | om January 1 of current year until<br>e date you filed for bankruptcy:   | ■ Wages, commissions, bonuses, tips   | \$7,000.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|    |  | ☐ Operating a business  |  | ☐ Operating a business                                      |   |
|    | or last calendar year:<br>anuary 1 to December 31, 2016 )  | ■ Wages, commissions, bonuses, tips   | \$27,222.81  | ☐ Wages, commissions, bonuses, tips                         |   |
|    |  | ☐ Operating a business  |  | ☐ Operating a business                                      |   |
|    | or the calendar year before that:<br>anuary 1 to December 31, 2015)  | ■ Wages, commissions, bonuses, tips   | \$28,315.72  | ☐ Wages, commissions, bonuses, tips                         |   |
|    |  | ☐ Operating a business  |  | ☐ Operating a business                                      |   |
|    | 08: Income as reported on IRS inscripts:   | ☐ Wages, commissions, bonuses, tips   | \$0.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|    |  | ☐ Operating a business  |  | ☐ Operating a business                                      |   |
|    | 07: Income as reported on IRS inscripts:   | ☐ Wages, commissions, bonuses, tips   | \$0.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|    |  | ☐ Operating a business  |  | ☐ Operating a business                                      |   |
|    | 06: Income as reported on IRS<br>anscripts:  | ☐ Wages, commissions, bonuses, tips   | \$0.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|    |  | ☐ Operating a business  |  | ☐ Operating a business                                      |   |
|    | 05: Income as reported on IRS inscripts:   | ☐ Wages, commissions, bonuses, tips   | \$0.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|    |  | ☐ Operating a business  |  | ☐ Operating a business                                      |   |
| 5. | Did you receive any other income<br>Include income regardless of wheth<br>and other public benefit payments;<br>winnings. If you are filing a joint cas<br>List each source and the gross inco | er that income is taxable. Expensions; rental income; interest and you have income that you | amples of other income are al<br>rest; dividends; money collect<br>you received together, list it or | ed from lawsuits; royalties; an<br>aly once under Debtor 1. |   |
|    | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |   |  |   |   |
|    |  | Debtor 1  |  | Debtor 2  |   |
|    |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)                            | Sources of income Describe below.                           | Gross income<br>(before deductions<br>and exclusions) |
|    | or last calendar year:<br>anuary 1 to December 31, 2016 )  | Federal Tax Return  | \$1,452.00   |   |   |
|    | or the calendar year before that:  | Federal Tax Return  | \$1,533.00   |   |   |

Document Page 33 of 48 Case number (if known) Debtor 1 Cesar Ugarte Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address **Dates of payment Total amount** Reason for this payment Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

**Creditor Name and Address Describe the Property** Date Value of the property Explain what happened

| D.I  | Case 17-19450 Doc   | 1 Filed 06/28/17 Document   | Entered 06/28/17 1<br>Page 34 of 48<br>Case number                                      |                          | c Main                    |
|------|---|-----------------------------|---|--------------------------|---------------------------|
| Deb  | tor 1 Cesar Ugarte  |                             | Case number   | (if known)               |                           |
| 11.  | Within 90 days before you filed for bank accounts or refuse to make a payment No  Yes. Fill in the details.                       | because you owed a debt     | , -   |                          | amounts from your         |
|      | Creditor Name and Address   | Describe the action to      | he creditor took  | Date action was taken    | Amount                    |
|      | Within 1 year before you filed for bankr court-appointed receiver, a custodian, o  ■ No □ Yes                                     |                             | perty in the possession of an   | assignee for the ber     | nefit of creditors, a     |
| Par  | 15: List Certain Gifts and Contributio  | ns                          |   |                          |                           |
| 13.  | Within 2 years before you filed for bank  ■ No □ Yes. Fill in the details for each gift.  | cruptcy, did you give any g | ifts with a total value of more t   | than \$600 per persor    | n?                        |
|      | Gifts with a total value of more than \$6 per person  Person to Whom You Gave the Gift and Address:                               |                             | ts  | Dates you gave the gifts | Value                     |
| 14.  | Within 2 years before you filed for bank  ■ No □ Yes. Fill in the details for each gift or  |                             | ifts or contributions with a tot  | al value of more than    | n \$600 to any charity?   |
|      | Gifts or contributions to charities that<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Con |                             | ou contributed  | Dates you contributed    | Value                     |
| Part | 6: List Certain Losses  |                             |   |                          |                           |
|      | Within 1 year before you filed for bankr or gambling?  No Yes. Fill in the details.   | uptcy or since you filed fo | r bankruptcy, did you lose any  | thing because of the     | eft, fire, other disaster |
|      | Describe the property you lost and how the loss occurred  |                             | coverage for the loss<br>surance has paid. List pending<br>3 of Schedule A/B: Property. | Date of your loss        | Value of property<br>lost |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid Address **Email or website address** Person Who Made the Payment, if Not You Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Debtor 1 Cesar Ugarte Document Page 35 of 48 Case number (if known)

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You | Description and value of any property transferred                  | Date payment or transfer was made   | Amount of payment |
|---|--|---|-------------------|
| Bankruptcy Court Northern Dist. IL<br>219 S Dearborn Street<br>7th Floor<br>Chicago, IL 60604         | \$335 Court Filing Fee   | To be paid directly by Debtor in money order(s) directly to Bankruptcy Court in full or installments if granted pursuant to Court Order in timely at schedule of payment dates. | \$335.00          |
| Credit Counseling provider  | \$22-9.75 Credit Counseling Course                                 | debtor pays directly to the Credit Counseling Course provider they choose   | \$22.00           |
| Attorney Fees   | \$595 Law Firm Fees  |   | \$595.00          |
| Financial Management Course provider  | \$22-9.75 Financial Management Debtor<br>Education Course provider | debtor pays directly to Debtor Education/Fin ancial Management provider they choose after petition filed prior to their 1st scheduled 341 meeting of creditors.                 | \$22.00           |

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who |
|-----|--|
|     | promised to help you deal with your creditors or to make payments to your creditors?   |
|     | Do not include any payment or transfer that you listed on line 16.   |

No

Yes. Fill in the details.

Person Who Was Paid Description and value of any property Address Date payment or transfer was made Amount of

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Debtor 1 Cesar Ugarte

| 18.  | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |  |                           |  |                             |  |  |                               |  |
|------|---|--|---------------------------|--|-----------------------------|--|--|-------------------------------|--|
|      | Yes. Fill in the details.   |  |                           |  |                             |  |  |                               |  |
|      | Person Who Received Transfer Address  |  |                           | Description and value of property transferred                                  |                             | Describe any property or<br>payments received or debts<br>paid in exchange |  | Date transfer was made        |  |
|      | Person's relationship to you  |  |                           |  |                             |  |  |                               |  |
| 19.  | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No   |  |                           |  |                             |  |  |                               |  |
|      | ☐ Yes. Fill in the details.   |  |                           |  |                             |  |  |                               |  |
|      | Nam   | ne of trust  | Description and v         | Description and value of the property transferred                              |                             |  |  | Date Transfer was             |  |
| Par  | t 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units   |  |                           |  |                             |  |  |                               |  |
| ı aı |   | List of Contain I mandial Accounts, in                                 | otramento, care beposit   | Doxes, and of  | iorage omi                  | .5   |  |                               |  |
| 20.  | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed,   |  |                           |  |                             |  |  |                               |  |
|      | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  |  |                           |  |                             |  |  |                               |  |
|      | ■ No □ Yes. Fill in the details.  |  |                           |  |                             |  |  |                               |  |
|      |   | ne of Financial Institution and  | Last 4 digits of          | Type of acco   | account or Date account was |  |  | Last balance                  |  |
|      |   |  | account number instrument |  | unit or                     | closed, sold,<br>moved, or<br>transferred                                  |  | before closing or<br>transfer |  |
| 21.  | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |                           |  |                             |  |  |                               |  |
|      | ■ No  |  |                           |  |                             |  |  |                               |  |
|      | Yes. Fill in the details.   |  |                           |  |                             |  |  |                               |  |
|      | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   |  |                           | Who else had access to it?  Address (Number, Street, City, State and ZIP Code) |                             | Describe the contents  |  | Do you still have it?         |  |
| 2    | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |                           |  |                             |  |  |                               |  |
|      | That's you stored property in a storage whit or place other than your nome within 1 year before you med for bankruptcy:   |  |                           |  |                             |  |  |                               |  |
|      | No  |  |                           |  |                             |  |  |                               |  |
|      | Yes. Fill in the details.   |  |                           |  |                             | the contents   |  | Do you still                  |  |
|      |   | ne of Storage Facility ress (Number, Street, City, State and ZIP Code) | to it?                    | to it? Address (Number, Street, City,  |                             | escribe the contents   |  | Do you still have it?         |  |
| Dar  | t 9:  | Identify Property You Hold or Control                                  | for Someone Fise          |  |                             |  |  |                               |  |
| ı aı | ι σ.  | Identify Property Fourtions of Control                                 | ioi dollicone Lise        |  |                             |  |  |                               |  |
| 23.  | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  |  |                           |  |                             |  |  |                               |  |
|      | _   | No<br>Yes. Fill in the details.  |                           |  |                             |  |  |                               |  |
|      | -   | ner's Name<br>ress (Number, Street, City, State and ZIP Code)          |                           | (Number, Street, City, State and ZIP   |                             | the property   |  | Value                         |  |
| Par  | t 10:   | Give Details About Environmental Inf                                   | ormation                  |  |                             |  |  |                               |  |
| -0-  | tha ni  | urness of Part 10, the following definiti                              |                           |  |                             |  |  |                               |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 17-19450 Doc 1 Filed 06/28/17 Entered 06/28/17 12:50:58 Desc Main Page 37 of 48 Case number (if known) Document

Debtor 1 **Cesar Ugarte** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Report all notices, releases, and proceedings that you know about, regardless of when they occurred.   |   |  |  |   |  |  |
|--|---|--|--|---|--|--|
| las any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |   |  |  |   |  |  |
|  | No  |  |  |   |  |  |
|  | Yes. Fill in the details.   |  |  |   |  |  |
|  |   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | d  | Environmental law, if you know it   | Date of notice   |  |
| Have you notified any governmental unit of any release of hazardous material?  |   |  |  |   |  |  |
|  | No Yes. Fill in the details.  |  |  |   |  |  |
|  |   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | d  | Environmental law, if you know it   | Date of notice   |  |
| Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |   |  |  |   |  |  |
| ■ No □ Yes. Fill in the details.   |   |  |  |   |  |  |
| _  |   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na   | ture of the case  | Status of the case   |  |
| 11:  | Give Details About Your Business or 0   | Connections to Any Business  |  |   |  |  |
| With   | nin 4 years before you filed for bankrupt   | cy, did you own a business or have an  | v of   | the following connections to any  | / husiness?  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
| _  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  | siness Name   | Describe the nature of the business  |  | Employer Identification numbe   |  |  |
|  |   | Name of accountant or bookkeeper   |  | Do not include Social Security  Dates business existed  | number or ITIN.  |  |
| Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |  |   |  |  |
|  | No  |  |  |   |  |  |
|  | Yes. Fill in the details below.   |  |  |   |  |  |
| Name Address (Number, Street, City, State and ZIP Code)  |   |  |  |   |  |  |
|  | Has Nan Add Have Sale Nan Add | Has any governmental unit notified you that  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of a No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or adm  No Yes. Fill in the details.  Case Title Case Number  11: Give Details About Your Business or O  Within 4 years before you filed for bankrupto A sole proprietor or self-employed ir A member of a limited liability company A partner in a partnership An officer, director, or managing executed and officer, director, or managing executed and officers.  No. None of the above applies. Go to P Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptonstitutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address | Has any governmental unit notified you that you may be liable or potentially liable  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  III: Give Details About Your Business or Connections to Any Business  Within 4 years before you filed for bankruptcy, did you own a business or have ar A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Date Issued | No No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  III: Give Details About Your Business or Connections to Any Business  Within 4 years before you filed for bankruptcy, did you own a business or have any of A sole proprietor or self-employed in a trade, profession, or other activity, eith A member of a limited liability company (LLC) or limited liability partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Date Issued | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental with you will not expected the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No. None of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  No None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Address (Number, Street, City, State and ZIP Code)  Date Issued |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 7

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Case number (if known) Document

Debtor 1 Cesar Ugarte

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Cesar Ugarte          |   |
|---------------------------|---|
| Cesar Ugarte              | Signature of Debtor 2   |
| Signature of Debtor 1     |   |
| Date June 4, 2017         | Date  |
| Did you attach additional | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No                        |   |
| ☐ Yes                     |   |
| Did you pay or agree to p | ay someone who is not an attorney to help you fill out bankruptcy forms?                                |
| No                        |   |
| ☐ Yes. Name of Person     | . Attach the Bankruptcy Petition Preparer's Notice. Declaration, and Signature (Official Form 119).     |

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| Fill in this infor  | mation to identify your o   | case:  |  |   |
|---|---|--|--|---|
| Debtor 1  | Cesar Ugarte  |  |  |   |
|   | First Name  | Middle Name  | Last Name  |   |
| Debtor 2<br>(Spouse if, filing)   | First Name  | Middle Name  | Last Name  |   |
| United States Ba  | ankruptcy Court for the:  | NORTHERN DIS   | TRICT OF ILLINOIS  |   |
| Case number   |   |  |  |   |
| (if known)  |   |  |  | ☐ Check if this is an amended filing                  |
| Official Fo   | orm 108   |  |  |   |
| Statemei  | nt of Intention   | n for Indiv  | riduals Filing Under Chapte  | er 7 12/15  |
| You must file thi<br>whiche<br>on the<br>f two married pe<br>sign ar<br>Be as complete<br>write y | ever is earlier, unless the<br>form<br>eople are filing together<br>nd date the form. | ithin 30 days after<br>e court extends th<br>in a joint case, bo<br>le. If more space is<br>nber (if known). | ot expired. you file your bankruptcy petition or by the date so e time for cause. You must also send copies to the other are equally responsible for supplying correct in a needed, attach a separate sheet to this form. On | ne creditors and lessors you list                     |
| 1. For any credit information be  |   | rt 1 of Schedule D   | : Creditors Who Have Claims Secured by Property  | y (Official Form 106D), fill in the                   |
| Identify the cr   | editor and the property th  | nat is collateral  | What do you intend to do with the property that secures a debt?  | t Did you claim the property as exempt on Schedule C? |
| Creditor's  |   |  | Currender the property   | □No   |
| name:   |   |  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | LI INU  |
| December of   |   |  | ☐ Retain the property and enter into a   | ☐ Yes   |
| Description of<br>property  |   |  | Reaffirmation Agreement.   |   |
| securing debt:  | :   |  | ☐ Retain the property and [explain]:   |   |
| Creditor's  |   |  | ☐ Surrender the property   | □ No  |

Official Form 108

Creditor's

name:

property

Creditor's

name:

property

Description of

securing debt:

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

☐ Surrender the property.

☐ Surrender the property.

☐ Retain the property and redeem it.

 $\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 $\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

□ No

☐ Yes

☐ No

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| Debtor 1  | Cesar Ugarte  | Case number (if kr  | nown)                                  |
|---|---|---|--|
| name:  Descrip propert securin                    | у   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>                 | ☐ Yes                                  |
| For any ui  | rmation below. Do not list real estate le                                       | / Leases<br>rou listed in Schedule G: Executory Contracts and Unex<br>eases. Unexpired leases are leases that are still in effect<br>y lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe  | your unexpired personal property leas   | es  | Will the lease be assumed?             |
| Lessor's r<br>Description<br>Property:            | name:<br>on of leased   |   | □ No                                   |
| Lessor's r<br>Description<br>Property:            | name:<br>on of leased   |   | □ No                                   |
| Lessor's r<br>Description<br>Property:            | name:<br>on of leased   |   | □ No                                   |
| Lessor's r<br>Description<br>Property:            | name:<br>on of leased   |   | □ No                                   |
| Lessor's r<br>Description<br>Property:            | name:<br>on of leased   |   | □ No                                   |
| Lessor's r<br>Description<br>Property:            | name:<br>on of leased   |   | □ No                                   |
| Lessor's r<br>Description<br>Property:            | name:<br>on of leased   |   | □ No                                   |
| Under per<br>property t<br>X /s/ C<br>Ces<br>Sign | hat is subject to an unexpired lease.  Cesar Ugarte ar Ugarte ature of Debtor 1 | licated my intention about any property of my estate that  X Signature of Debtor 2  | it secures a debt and any personal     |
| Date  | June 4, 2017  | Date  |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-19450 Doc 1 Filed 06/28/17 Entered 06/28/17 12:50:58 Desc Main Document Page 45 of 48

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## **United States Bankruptcy Court Northern District of Illinois**

| In   | re Cesar Ugarte   |                                     | Case No.              |                           |              |  |
|------|---|-------------------------------------|-----------------------|---------------------------|--------------|--|
|      | <del>_</del>  | Debtor(s)                           | Chapter               | 7                         |              |  |
|      | DISCLOSURE OF COMPE   | NSATION OF ATTO                     | RNEY FOR D            | EBTOR(S)                  |              |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation  | ng of the petition in bankruptcy    | , or agreed to be pai | d to me, for services rea | ndered or to |  |
|      | For legal services, I have agreed to accept   |                                     | \$                    | 550.00                    |              |  |
|      | Prior to the filing of this statement I have received   |                                     | \$                    | 550.00                    |              |  |
|      | Balance Due   |                                     |                       | 0.00                      |              |  |
| 2.   | \$ of the filing fee has been paid.   |                                     |                       |                           |              |  |
| 3.   | The source of the compensation paid to me was:  |                                     |                       |                           |              |  |
|      | ■ Debtor □ Other (specify):   |                                     |                       |                           |              |  |
| 4.   | The source of compensation to be paid to me is:   |                                     |                       |                           |              |  |
|      | ■ Debtor □ Other (specify):   |                                     |                       |                           |              |  |
| 5.   | ■ I have not agreed to share the above-disclosed comp   | pensation with any other person     | n unless they are men | mbers and associates of   | my law firm. |  |
|      | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na  |                                     |                       |                           | w firm. A    |  |
| 6.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |                                     |                       |                           |              |  |
|      | <ul><li>a. Analysis of the debtor's financial situation, and rende</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of credited</li><li>d. [Other provisions as needed]</li></ul> | tement of affairs and plan whic     | h may be required;    | -                         | uptcy;       |  |
| 7.   | By agreement with the debtor(s), the above-disclosed fe   | e does not include the followir     | ng service:           |                           |              |  |
|      |   | CERTIFICATION                       |                       |                           |              |  |
| this | I certify that the foregoing is a complete statement of an s bankruptcy proceeding.   | y agreement or arrangement for      | or payment to me for  | representation of the de  | ebtor(s) in  |  |
|      | June 4, 2017  | /s/ S. M. de Rath                   | . Esa.                |                           |              |  |
| -    | Date  | S. M. de Rath, E                    | sq. 6206809           |                           |              |  |
|      |   | Signature of Attorn Attorney S.M.de |                       |                           |              |  |
|      |   | 233 S. Wacker D                     |                       |                           |              |  |
|      |   | Chicago, IL 6060                    |                       |                           |              |  |
|      |   | 312-283-8606<br>Name of law firm    |                       |                           |              |  |
|      |   | rume oj iuw jirm                    |                       |                           |              |  |

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Cesar Ugarte                               |   | Case No.                        |               |
|-------|--|---|---------------------------------|---------------|
|       |  | Debtor(s)   | Chapter 7                       |               |
|       | VE   | RIFICATION OF CREDITOR N                          | MATRIX                          |               |
|       |  | Number o  | f Creditors:                    | 14            |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred             | itors is true and correct to th | ne best of my |
| Date: | June 4, 2017                               | /s/ Cesar Ugarte Cesar Ugarte Signature of Debtor |                                 |               |

bank of america 5200 w Fullerton chicago, IL 60639

BLATT HASENMILLER LEIBSKE 10 S LASALLE#2200 CAPITAL ONE BANK Chicago, IL 60603

Codilis & Associates PC 15W030 N Frontage Road, Suite 100 Burr Ridge, IL 60527

Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241

Experian
Bankruptcy Dept
P.O.Box 2002
Allen, TX 75013

FINE, MICHAEL D 131 S DEARBORN CHASE BANK USA N A Chicago, IL 60603

GOLDMAN AND GRANT 205 W RANDOLPH#1100 (312) 781-8700 Chicago, IL 60606

JOHN C BONEWICZ PC 350 N ORLEANS 300 (866) 427-4027 Chicago, IL 60654

john h. stroger jr hopital 1969 w ogden chicago, IL 60612

john stroger jr hospital of cook county 1969 w ogden ave chicago, IL 60612

Markoff Law Offices 19 N Wacker Dr #550 (312) 698-7300 Chicago, IL 60606

MCM / citibank PO Box 603 oak, PA 19456

northwester memorial hospital p.o. box 73690 chicago, IL 60673

TransUnion
Bankruptcy Department
P.O.Box 1000
Chester, PA 19022